

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

781

County of CalhounTownship of Blake

Inc. Town of

City of

Registration District No. 1402Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elton Brown

If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Male</u>	(b) TIME OF BIRTH <u>Is in general at a time of Day or Night</u>	(c) NUMBER OF CHILD IN ORDER OF BIRTH <u>1</u>	(d) AGE OF MOTHER <u>23</u>	(e) DATE OF BIRTH <u>Jan 30, 1923</u>
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FATHER

(1) NAME OF FATHER Samuel Brown
 (2) RESIDENT ADDRESS OF FATHER Green Pond Rd

(3) COLOR OF FATHER White (4) AGE AT LAST BIRTHDAY 33
 (5) OCCUPATION Farmer

(6) EDUCATION Col to 16
 (7) OCCUPATION P.R. Employee

(8) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT ONE 6

MOTHER

(10) NAME BEFORE MARRIAGE Lilla Simons
 (11) RESIDENT ADDRESS OF MOTHER Green Pond Rd

(12) COLOR OF MOTHER White (13) AGE AT LAST BIRTHDAY 32
 (14) OCCUPATION Homemaker

(15) EDUCATION Green Pond Rd
 (16) OCCUPATION Homemaker

(17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Harriet Rogers
 (22) State whether Physician or Midwife
 (23) Address of Physician or Midwife Green Pond

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(25) Date Jan 30, 1923 (26) Signature of Registrar P. G. Hagan

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.